



# HURLOCK VOLUNTEER FIRE Co.

INCORPORATED 1924



Phone: 410-943-3110

300 Charles Street • PO Box 178  
Hurlock, Maryland 21643

Fax: 410-943-4355

MEMBER OF  
MD. STATE FIREMEN'S ASSN.  
DEL-MAR-VA ASSN.

OUR MOTTO  
SERVICE  
FOR ALL

Dear Applicant,

Thank you for your interest in becoming a volunteer with the Hurlock Volunteer Fire Company. Attached you will find the membership application packet. Please be sure to complete your application in its entirety before submitting. Failure to complete the application or include all necessary materials will prolong the application process.

Before submitting your application, please review to ensure that you have included all the following items:

1. Completed Application- Witness signature required on page 5
2. Two (2) listed references, including contact phone number.
3. Training Records (if applicable)
4. Copy of Driver's License
5. Non-Refundable Application Fee of \$25.00. (Application fee is required at the time of application for your application to be valid.)

Once we have received your application it will be reviewed by the Membership Committee, reference letters sent to the references that you provide, and a background check performed. After all required information is gathered, the company membership reviews the information, and a Panel Interview will be scheduled. Once all is completed, the application will be brought before the Company during a Regular Scheduled Meeting. The entire process generally takes between 4-8 weeks, depending upon the time elapsed to receive materials back. (Notifying your listed references that they will be contacted typically speeds up the process!) You will be notified via email or phone on the disposition of your application and the next steps required. If you have further questions, please do not hesitate to contact the fire station at 943-3110 or membership committee member.

Please submit the completed application in a sealed envelope addressed to the Hurlock Volunteer Fire Company Attn: Membership Committee.

Sincerely,

Membership Committee Chairperson



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## APPLICATION FOR MEMBERSHIP

Full Name: \_\_\_\_\_  
LAST SUFFIX FIRST MIDDLE MAIDEN

Full Mailing Address: \_\_\_\_\_

Duration at Residence: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License Soundex Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Class: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

### Membership Status Requested:

- Honorary Membership (non-fire)  Cadet Membership (14-15)  Junior Member (16-18)  
 Probationary Membership Fire  Probationary Membership EMS

### Employer Information

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Years at Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

### Fire/Rescue/EMS Experience

Have you ever applied to HVFC? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date applied? \_\_\_\_\_

Have you ever served in another Fire/Rescue/EMS Department/Squad? \_\_\_ Yes \_\_\_ No

**If YES, Please provide a letter of recommendation from previous company.**

\*\*\*Please list ALL Fire Company related training/courses/certifications on a separate page, if needed. Please attach copies of certificates or a copy of you unofficial MFRI transcript.

### Background Questions

If the answer to any of the following questions is YES, please provide an to including details of the nature of the offense, location of the trial court, date of trial, sentence or verdict, terms of sentence or probation, etc. NOTE: Providing false information will be grounds for dismissal from membership.

1. Have you ever been convicted of any motor vehicle violations?  Yes  No

Explanation: \_\_\_\_\_

2. Has your license ever been suspended or revoked?  Yes  No

Explanation: \_\_\_\_\_

3. Have you ever been convicted or have and pending violation of the law?  Yes  No

Explanation: \_\_\_\_\_

4. Are you currently on Probation?  Yes  No

Explanation: \_\_\_\_\_



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### Education History

Name of High School Attended: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_  
Diploma Received: [ ] Yes [ ] No Graduation Date: \_\_\_\_\_

### Emergency Contact

Information Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Basic Medical History

Please provide any Preexisting Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any allergies: \_\_\_\_\_  
\_\_\_\_\_

Do you take any medications for any medical condition: [ ] Yes [ ] No

\_\_\_\_\_

### List Personal References Including COMPLETE Address

(Excluding Relatives and no more than one HVFC Member)

1.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

\*\*\* All references maybe contacted by the committee and the committee will need to receive a response from the references before scheduling the applicant for an interview.



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All application information is maintained in strict confidence except to the extent that it must be shared with members of Hurlock Volunteer Fire Company, Inc. for determining the applicant's qualifications for membership.

I, hereby certify that all the information presented in this application is true to the best of my knowledge. I understand and acknowledge that if I have knowingly provided false or misleading information on this application, I will be subject to immediate dismissal.

I, authorize the Officers of Hurlock Volunteer Fire Company, Inc. and the Membership Committee of said organization to conduct a full investigation of my background (Social Media Included) and the information listed, and further understand and acknowledge that if I am a cadet applicant, upon turning the age of 18, I will be transferred to a Probationary Membership.

I, authorize Hurlock Volunteer Fire Company to obtain information about me from my employer, other fire companies, state agencies, and my references. All information that I have provided is true and correct to the best of knowledge and ability.

I, acknowledge that an application for Probationary Membership requires a criminal background investigation. Any applicant with a criminal record of a felony will be refused membership into Hurlock Volunteer Fire Company, Inc. Any applicant may be refused membership for any reason relating to character, ability, or physical ability by the Officers and Members of said organization. I will not hold any members of Hurlock Volunteer Fire Company, Inc. responsible for any information revealed, discussed, or presented during this investigation.

I, further acknowledge that I that before being accepted as a Probationary Member, I maybe requested to submit to, and pass, a physical examination and drug screen to be conducted by a Physician determined by Hurlock Volunteer Fire Company, Inc. If accepted as a Probationary Member, I promise to abide by the by-laws and said requirements and put forth my best efforts to advance the interests of said organization and the public which it serves. Hurlock Volunteer Fire Company, Inc. is firmly committed to creating equal employment and membership opportunities for all persons and maintains all of its policies, practices, and procedures in strict compliance with all federal, state and local civil rights laws and regulations.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Under 18 Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Witness Signature: \_\_\_\_\_